

JUNE 2021



Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM
A CMS "Promoting Interoperability" Program

Reminders:

Information which will assist you —and the latest updates — is available on the [TennCare EHR Incentive website](#).

Accepting all Program Year 2020 attestations **only for TennCare-requested corrections through June 30**. If you attested for 2020 but have not received payment, **please check your PIPP dashboard** to determine if your attestation needs correcting.

Can We Help?

If you have questions about your upcoming attestation, contact us at [TennCare.EHRIncentive@tn.gov](#), Monday through Friday from 7:00 a.m. to 3:30 p.m. Central Time. When emailing, please include your provider's name(s)

Attestation Submission for 2021 Opens in Just One Month

The final submission period of the TennCare EHR Provider Incentive Payment Program (PIPP) opens in just one month, July 1. Unlike so many other years in the program, you will be attesting for the current program year (PY) during the calendar year. You will not be attesting for PY 2021 during calendar year 2022.

This final period is only for providers who still have yet to receive six EHR Incentive payments, and are still eligible to attest. To be eligible a provider must have received at least one EHR Incentive Payment for any year through Program Year (PY) 2016.

Because attestation will begin mid-year, your Meaningful Use (MU) and eCQM data must come from a period of at least **90 consecutive days between Jan. 1, 2021 through July 31, 2021**. You will not be able to use a period that extends past July 31. Patient Volume will come from a consecutive 90-day period in Calendar Year (CY) 2020.

The deadline for submissions is Sept. 30, 2021, 11:59 P.M., Central Time.

If you attested for PY 2020, you will not be able to access your PY 2021 attestation until either payment is made or that attestation is denied.

CMS will allow you to attest prior to completing your annual SRA. However if you have not completed your annual SRA by the time you attest, you **must complete** your SRA by Dec. 31, 2021. If your **SRA** is not conducted pre-attestation, you **must attest** that one will be completed by Dec. 31, 2021, and then you must do so. **Failure to submit your SRA by Jan. 31, 2022 to TennCare at [InternalAudit.TennCare@tn.gov](#) will result in a post-payment audit.**

To help you with your attestation preparation, please see our website for the [2021 Pre-Attestation Checklist](#). It's everything you need to have in order prior to attesting — a comprehensive checklist.



The submission period for PY 2021 begins July 1, 2021.



Do You Have Questions About

The EHR Incentive Program?

Meaningful Use Measures?

Electronic Clinical Quality Measures?

Your attestation?

Email TennCare.EHRIncentive@tn.gov

Always include the Provider's Name and NPI when communicating with TennCare.

Your Provider Quick Guide for Completing Program Year 2021 Attestations

Program Year (PY) 2021 Attestation Submission Period: July 1 through Sept. 30, 2021 (11:59 p.m, CDT)

<< **NO EXCEPTIONS** >>

Eligibility Requirements

- Must have received at least one EHR incentive Payment for a Program Year 2011 through 2016
- Have and Use a 2015 Edition CEHRT – include required documentation
- Attestation Period: At least 90 days between Jan. 1 and July 31, 2021
- Patient Encounter Volume: a 90 consecutive day period in CY 2020

Meaningful Use (MU) & CQMs Requirements

- Attesting to Stage 3 Meaningful Use Criteria
- MU & CQM data from a consecutive 90-day period between Jan. 1 and July 31, 2021 (if using May-July, attestation still must be submitted by Sept. 30, 2021)
- Security Risk Assessment (SRA):
 - Must be performed prior to Dec. 31, 2021
 - May submit attestation prior to completion of SRA, but will be required to attest that the SRA will be submitted to TennCare by Jan. 31, 2022 (11:59 p.m., CST)
 - SRAs submitted post-submission must be sent to InternalAudit.TennCare@tn.gov; Subject Line: Security Risk Assessment

Other

If your PY 2021 attestation is returned for any reason(s), you must correct and resubmit ASAP. The return letter has a return date, but it is in your best interest to correct and resubmit quickly.

The cutoff for returns of corrected attestations will be Dec. 15, 2021. CMS requires that the states have all payments (other than appeals and adjustments) out the door by Dec. 31, 2021.

Reminder: Documentation Must Show Legal/Financial Obligation to Your EHR System

Maybe you haven't attested in a few years, you have new office staff, or maybe just don't remember from last year. But when you complete your 2021 Program Year attestation, don't forget to provide correct documentation for your certified EHR technology (CEHRT).

Early in the TennCare EHR Provider Incentive Payment Program (PIPP), CMS requested that more be required of attesters in order to show a financial or legal obligation for their CEHRT. Since that time rules have been more specific as to what can be accepted. But each year there are still attestations that must be returned for correction due to insufficient EHR documentation.

Most providers submit a contract or lease agreement as their EHR documentation. To be considered valid documentation, a contract or lease agreement must be executed, as evidenced by the signatures of both parties in the contract or agreement. That is, the document must be signed by a representative of your practice, as well as by a representative of the CEHRT vendor. Documents bearing the signature of only one party are not executed and are not valid.

Often a vendor's proposal or order document is executable in

that it may become as a contract or lease agreement when it is appropriately signed by both parties. A vendor's proposal or order form that is not executed or that is signed by only one party is not valid documentation.

When submitting an executed contract or lease agreement, providers may submit only the first page (not a cover page) and the signature page. The first page must clearly show the CEHRT, vendor, and provider. The signature page must be dated and executed, bearing the names and signatures of representatives of both the provider and vendor.

Alternatively, providers may submit a copy of their purchase order or vendor's invoice. These must clearly identify the practice name, vendor, and CEHRT, and must be accompanied by proof of payment of the amount shown on the purchase order or invoice. Where regular and ongoing payments are made to an EHR vendor for the acquisition or lease of a CEHRT, a vendor's receipt for an automatic bank draft or credit/debit card payment may be submitted.

If a current contract or lease requires the vendor to provide updates to your system to qualify it as CEHRT, an executed upgrade agreement may be

provided. Such agreements must state a cost and timeframe, and identify the CEHRT.

Attestations are often received with a letter from the CEHRT vendor attached. Such vendor letters are not acceptable as primary EHR documentation.

Providers using one of the "free" CEHRTs must submit a copy of their complete (all pages) User Agreement. Accompanying it as secondary documentation must be a signed letter on the vendor's letterhead identifying the provider and CEHRT.

For this final submission period, a 2015-certified EHR system is required. A signed letter on the vendor's letterhead identifying the provider and upgrade is proof of the upgrade. However, it must be accompanied by an executed contract, invoice, or other documentation as proof of a legal/financial obligation to the base EHR system.

All submitted documentation is subject to additional evaluation, as rules or interpretation of rules may change. Provider Services also retains the right to flag for audit any attestation for which special attention is needed.

Learn More About 2021 CEHRT Updates that Meet New Medicare-related Requirements

Special from CMS regarding the Medicare program only. This does not apply to TennCare's Promoting Interoperability Program (the EHR Incentive Program).

In Calendar Year (CY) 2021, all program participants in the Centers for Medicare & Medicaid Services (CMS) Medicare Promoting Interoperability Program must continue to use certified electronic health record technology (CEHRT) to avoid a downward Medicare payment adjustment.

CY 2021 Updates to CEHRT Requirements

In accordance with the ONC 21st Century Cures Act Final Rule, to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program may use any of the following:

- Existing 2015 Edition certification criteria;
- The 2015 Edition Cures Update criteria; or

A combination of the two in order to meet the CEHRT definition, as finalized in the [CY 2021 Physician Fee Schedule \(PFS\) Final Rule](#).



Similar to previous years, your CEHRT functionality must be in place on the first day of the EHR reporting period and the product must be certified by the last day of the EHR reporting period. You must be using the selected functionality for the full EHR reporting period. In many situations the product may be deployed but pending certification.

2015 Edition Cures Update

ONC's 21st Century Cures Act Final Rule made several changes to the existing 2015 Edition Health IT Certification Criteria. The following changes constitute the 2015 Edition Cures Update:

- Introduced new technical certification criteria to advance interoperability and make it easier for patients to access their own electronic health information on their smartphones.

- Added new privacy and security certification criteria.
- Revised the standards referenced by several existing 2015 Edition certification criteria, including United States Core Data for Interoperability (USCDI) updates.

Removed and time-limited several 2015 Edition certification criteria.

For More Information

To learn more please visit the Promoting Interoperability Programs CEHRT [webpage](#) and review the [2021 CEHRT Fact Sheet](#).

For more information about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act final rule](#). To check whether a health IT product has been certified to the 2015 Edition Cures Update criteria, visit the [Certified Health IT Product List](#).

For information on the CY PFS final rule where the timeline and execution plan for the 2015 Edition Cures Update was finalized for the Medicare Promoting Interoperability Program objectives and measures, click [here](#).



Division of
TennCare

EHR Incentive News JUNE 2021

Medicaid EPs and EHs should submit questions about the Medicaid Promoting Interoperability (PI) Program (in Tennessee also known as the TennCare EHR Provider Incentive Payment Program) to TennCare.EHRIncentive@tn.gov; including questions about

- Eligibility (first 4 attestation pages)
- Meaningful Use
- Clinical Quality Measures
- Program Participation

ALWAYS include the provider's name and NPI when contacting us. We will respond to your inquiry as quickly as possible.

Should you have issues with a CMS website, contact the QualityNet help desk for assistance at qnetsupport@hcqis.org or 1-866-288-8912.

View TennCare Medicaid EHR Incentive Program online assistance at

- [Program website](#)
- How-to [PowerPoint Presentations](#)
- [FAQs](#)
- [Acronyms & Glossary](#)
- [Previous issues](#) of EHR Incentive News

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Ensure Your Contact Email Address Is Current

Can we reach you by email?
Will your current email address be on your 2021 attestation?

The return email address on your EHR Incentive attestation is populated by the contact information you entered at the CMS Promoting Interoperability Programs Registration System website when you registered for the program. To update your email address and ensure you receive all communication from the TennCare EHR Incentive program:

- Go to <https://ehrincentives.cms.gov/hitech/login.action>



- Enter the CMS Registration Number you were originally given when you first registered
- Click on "Modify"
- As you go through **EACH** page, click "Save & Continue"
- On the appropriate page(s), enter your current email

address, then click "Save & Continue"

- On the last page, click "Submit"

This will save your information and cause CMS to resend your information back to us for processing within 24-48 hours.

Should you need help with the CMS website, please contact that help desk for assistance at NLRProdSupport@cms.hhs.gov or (833) 238-0203 (toll free). Hours of operation are Monday to Friday, 8:00 a.m. to 5:00 p.m. Eastern Time. Voicemail is available outside of regular hours.